

KY SFSP Delivery Receipt

Sponsor Name _____

Date _____ Name of Site _____

Name of Preparation Facility _____

___B___L___SN___SPR

Number of Lunches Ordered _____

Number of Lunches Delivered _____

Time of Delivery _____

Is the food acceptable at the time of delivery (temperature, appearance, etc. ___ yes ___ no

Comments: _____

Signature of Person Picking up/Delivering Meals _____

Signature of Person Receiving Meals at the Site _____

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